



## Application For Funding To Attend A Training Course

To apply, you must fill in this form. To be considered the application must be received by the Board at least three (3) working days before the training commences. Approval must be obtained before the course commences.

|   |  |           |            |       |        |      |
|---|--|-----------|------------|-------|--------|------|
| Employer:   |  |           |            |       |        |      |
| Employer's principal activity:                                  |  |           |            |       |        |      |
| Address:  |  |           |            |       |        |      |
| Postcode:   |  |           | Email:     |       |        |      |
| N <sup>o</sup> of Employees in Company ( <i>please circle</i> ) |  | 2 or less | 10 or less | 11-50 | 51-100 | 100+ |
| Contact person:   |  | Phone:    |            | Fax:  |        |      |

| Course title:                         |            |                           |                             |                 |                  |
|---------------------------------------|------------|---------------------------|-----------------------------|-----------------|------------------|
| Name of person/s to attend the course | Occupation | Name of training provider | Cost per person (incl. GST) | Training date/s | Duration (hours) |
|                                       |            |                           |                             |                 |                  |
|                                       |            |                           |                             |                 |                  |
|                                       |            |                           |                             |                 |                  |
|                                       |            |                           |                             |                 |                  |
|                                       |            |                           |                             |                 |                  |

**A brochure or other printed information explaining the course must be attached to this form. The training provider will supply this.**

I certify that by reference to the course details I am satisfied with the proposed training outcomes and that the above information is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this application form to the Executive Director at the above address. It will be processed in accordance with the Board's Training Policy and Funding Procedures. A copy of the procedures will be made available upon request to the above address.